

Name
in
Full

Ida Myra Biddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1909		Month		Day		Years	
Date of death		1909		Sept		17	
Age		25		Months		Days	
Sex		Female		Color or Race		Colored	
Occupation		Housewife		Where Residing if not at place of death		St Marys Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Eleanor Biddle	
Father's Name		Henry Dorsey		Father's Birthplace		St Marys Md	
Mother's Maiden Name		Lottie Jackson		Mother's Birthplace		St Marys Co Md	
Name of person giving Information		Henry Dorsey		How related to deceased		Father	

CAUSES OF DEATH

137

Primary	Child Birth	How long	4 days
Immediate	Peritonitis	How long	2 days
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	O. P. Carver M.D.
		Address	Cherry Hill
Accident or Suicidal			Md

PHYSICIAN,
OR CORONER

25-1



Name
in Full

Phillip Bordley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month	Day	Years	Monthe		Days
1909		9	19	30			
Sex	Male	Color or Race	Colored	Birth-place	Cecil Co Md		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace			
Mother's Maiden Name	Sarah Bordley			Mother's Birthplace			
Name of person giving Information	Stephen Bordley			How related to deceased			
				half Brother			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	3 weeks
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above? 720

Signature of Physician
Address
Eaton Md

Accident or Suicide



Name
in
Full

David Buncie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elkton ^{Town} Cecil ^{County} **MARYLAND**

Date of death 1909 ^{Month} Sept ^{Day} 18 ^{Years} Age 76 ^{Months} ^{Days}

Sex male Color or Race white Birth-place Ind.

Occupation Wholster Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Edmund Buncie Father's Birthplace England

Mother's Maiden Name Jane Best Mother's Birthplace "

Name of person giving Information Mrs. Bessie L. Lacey How related to deceased Daughter

CAUSES OF DEATH

(14)
How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

Balth
Louden Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Port Deposit Cecil*
Town County
Date of death 1909 *9* Month *28* Day Age *73* Years Months *2* Days

Sex *Male* Color or Race *White* Birth-place *Cecil Md*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Campbell*

Father's Name *John B Campbell* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah McMillen* Mother's Birthplace *Maryland*

Name of person giving Information *Elizabeth Campbell* How related to deceased *wife*

CAUSES OF DEATH

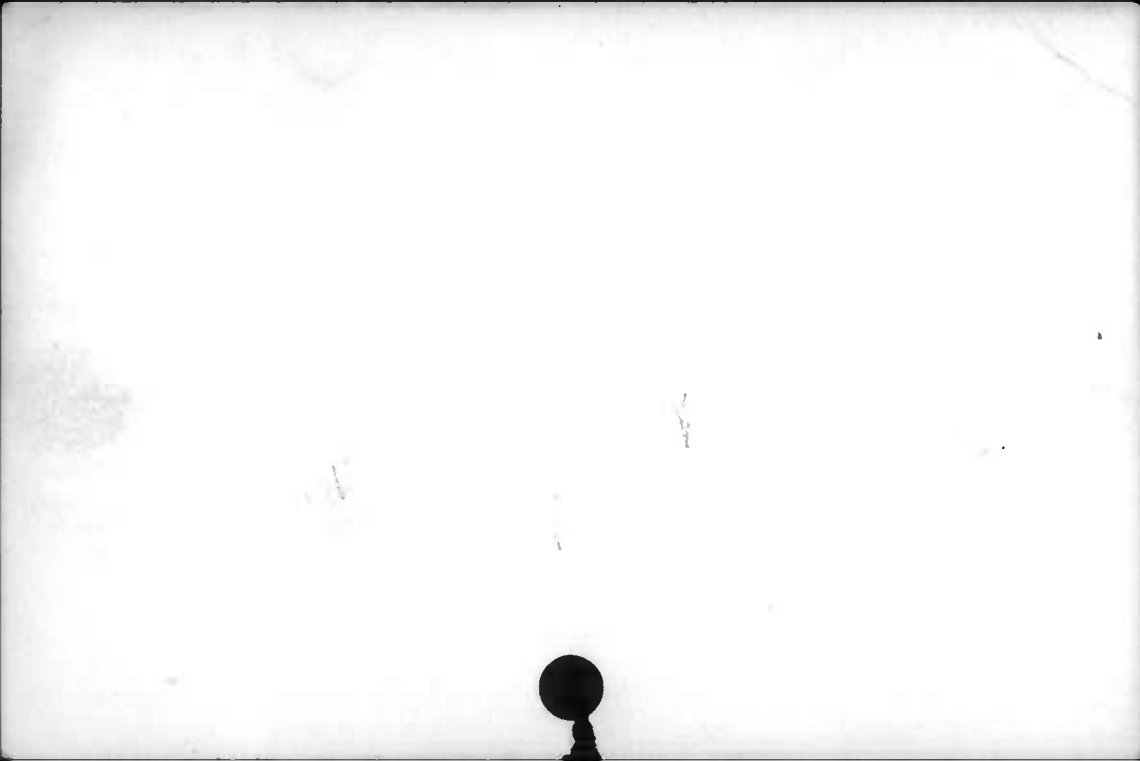
Primary *Heart disease* **79** How long *2 years*
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Frank Frazier, Coroner*
Address *Elkton Md*

Accident or Suicidal

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Part-</i>		Town <i>Hepparit-</i>	County <i>Calvert</i>	MARYLAND	
Date of death <i>1909</i>	Month <i>Sept-</i>	Day <i>22</i>	Age <i>1</i>	Months <i>2</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Caucas</i>	Birth-place <i>Spring Lake</i>			
Occupation <i>house</i>	Where Residing if not at place of death <i>Part Hepparit-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Edward Carmeth</i>	Father's Birthplace <i>Part Hepparit-</i>				
Mother's Maiden Name <i>Conc Bryento</i>	Mother's Birthplace <i>Hepparit</i>				
Name of person giving Information <i>Edward Carmeth</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>Heart Failure</i>	How long <i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Channon</i>
	Address <i>Part Hepparit</i>
Accident or Suicide <i>Accident</i>	

Calcutta

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah E. Chapman

Town *Rock Run Post-Office* County *Cecil* MARYLAND

Died at *Rock Run Post-Office*

Date of death 1909 *Sept.* Month *12* Day Age *42* Years Months Days

Sex *Female* Color or Race *Calard* Birth-place *Choro Creek*

Occupation *General house* Where Residing if not at place of death *Rock Run Post-Office*

Married, Single or Widowed *Married* Name of Wife or Husband *John Chapman*

Father's Name *George Robinson* Father's Birthplace *Baltimore Md*

Mother's Maiden Name *Leppin Robinson* Mother's Birthplace *Baltimore Md*

Name of person giving Information *John Chapman* How related to deceased *Husband*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Lucian* How long *7 months*

Immediate *Leppin* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *gt*

Signature of Physician *H. E. Clemens*

Address *Rock Run Post-Office*

Accident or Suicide *Accident*

Pithel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

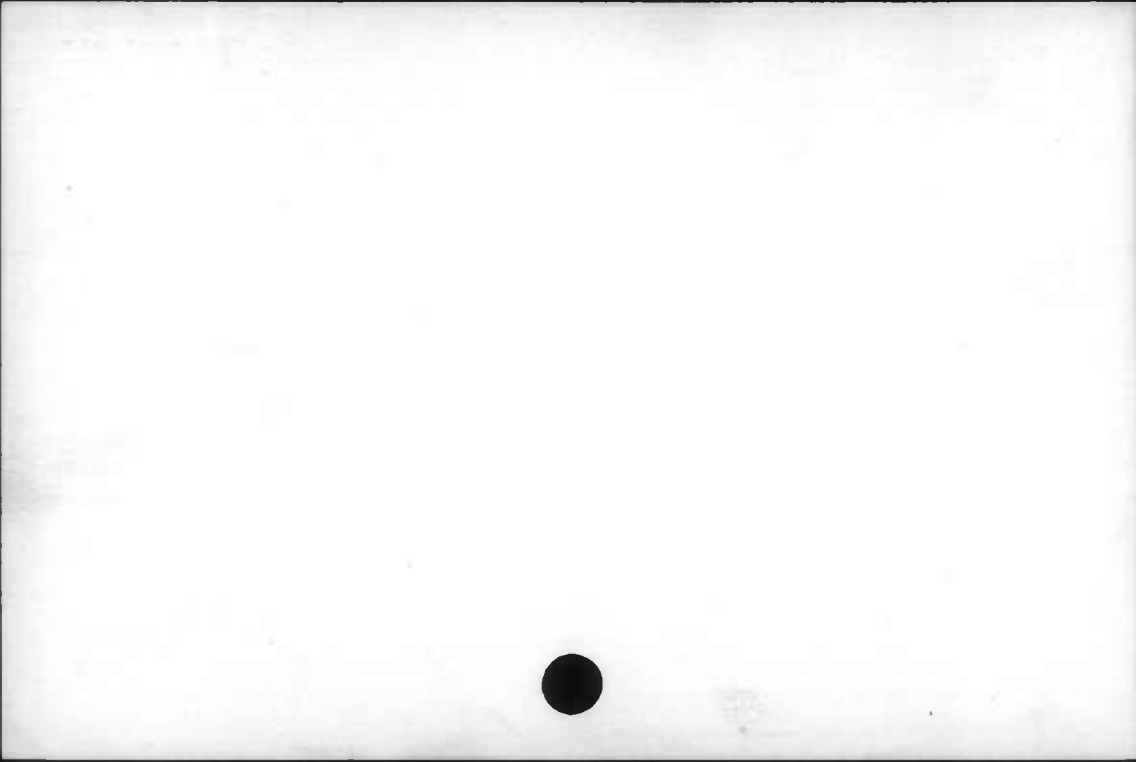
Name <i>Margaret E. Clifton</i>		Town <i>Quadrangle City</i>		County <i>Prick</i>		State <i>MARYLAND</i>	
Died at		Month <i>Sept.</i>		Day <i>29</i>		Years <i>3</i>	
Date of death <i>1909</i>		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Clifton</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Margaret E. Patterson</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Geo. Clifton</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature birth (7 1/2 mo.)</i>		How long	
Immediate	<i>Atonia</i>		How long	<i>3 1/2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Clifton Lewis M.D.</i>	Address <i>Quadrangle City, Md.</i>	
Accident or Suicide				



Name
in
Full

Sallie Cummons

CERTIFICATE OF DEATH

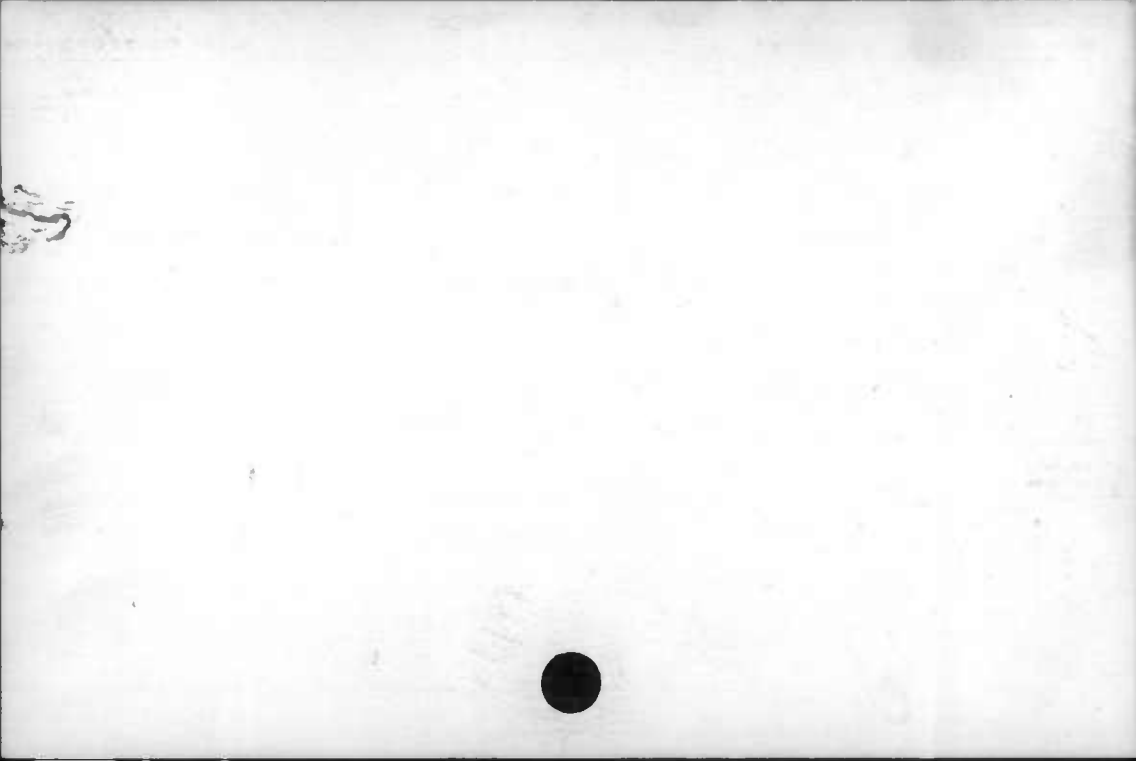
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Chesapeake City</i>		Town <i>Chesapeake City</i>		County <i>Prail</i>		State <i>MARYLAND</i>	
Date of death 190 <i>9</i>	Month <i>9</i>	Day <i>14</i>	Age <i>60</i>	Months <i>6</i>	Days <i>13</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Cecil Co Md</i>				
Occupation <i>Widow</i>			Where Residing if not at place of death <i>Chesapeake City Md</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>James Cummons</i>				
Father's Name <i>Jesse Boren</i>			Father's Birthplace <i>don't know</i>				
Mother's Maiden Name <i>Mellicent Robinson</i>			Mother's Birthplace <i>don't know</i>				
Name of person giving Information <i>Miss Jos Hughes & Mr Ed McCoy</i>			How related to deceased <i>Sister & Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis</i>	How long <i>2 years</i>
Immediate	<i>Heart lesion</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W E Hartner</i>
		Address <i>Chesapeake City Md</i>
Accident or Suicide <i>X</i>		



Name
in
Full

William Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elkton		County		Cecil		MARYLAND	
Date of death		1909	9	26	Age	30	Months	-	Days
Sex		male		Color or Race		white		Birth-place	
Occupation		Laborer		Where Residing if not at place of death		near Chesapeake City			
Married, Single or Widowed		Single		Name of Wife or Husband		-			
Father's Name		Jessie Ford				Father's Birthplace		Kent Del.	
Mother's Maiden Name		Annie Hippen				Mother's Birthplace		Kent Del.	
Name of person giving information						How related to deceased			

CAUSES OF DEATH

34

Primary	General Tuberculosis	How long	3 years
Immediate	Exhaustion	How long	1 mo

Are the name, age, sex, color, date and place correctly given above?

Yes

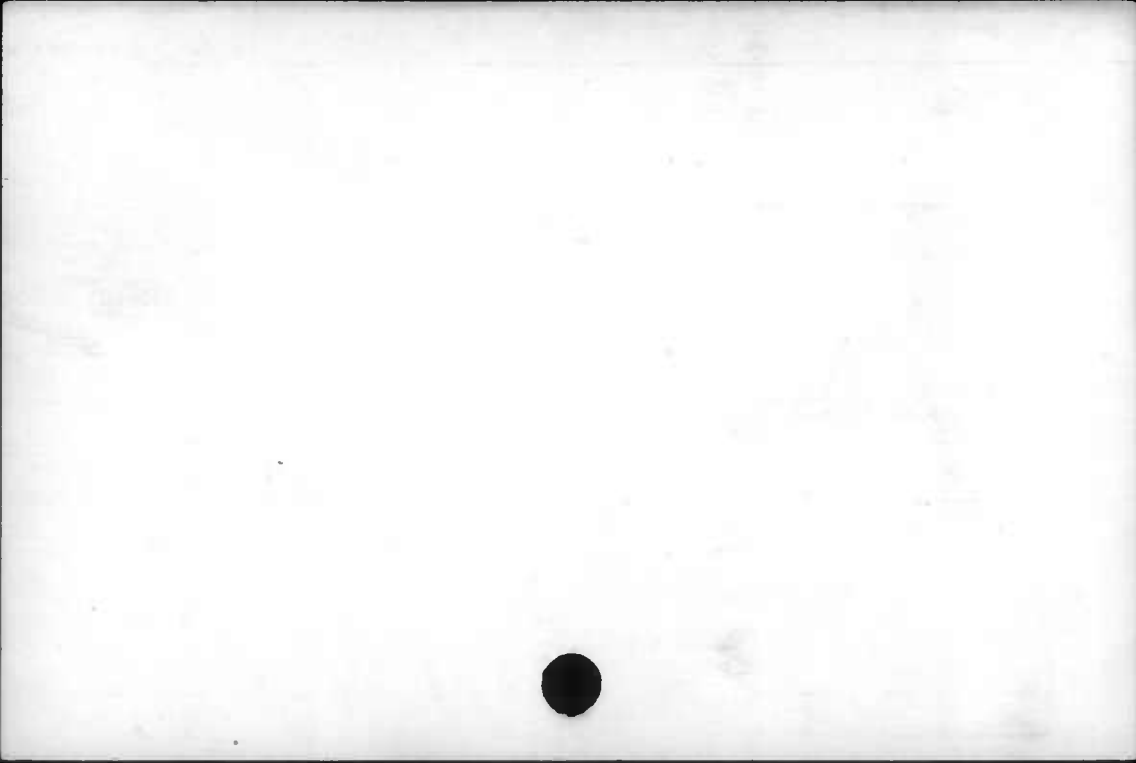
Signature of Physician

Address

H. Arthur Mitchell
Elkton Md.

PHYSICIAN
OR CORONER

~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Gallagher* Town *Near Calvert* County *Cecil* MARYLAND

Died *Near Calvert* Date of death 190 *7* Month *Sept.* Day *8* Age *88* Years *4* Months *21* Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Farmer* Where Residing if not at place of death *Near Calvert*

Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Gallagher*

Father's Name *Andrew Gallagher* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Helsh* Mother's Birthplace *Ireland*

Name of person giving Information *James Gallagher* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *General Debility* How long *3 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Richardson
Rising Run Mt
Ft. R. Co

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Ellen Gifford Gillespie
Gion Cecil

Town

County

MARYLAND

Date

of death 1909 Sept.

Month

Day

13

Age

Years

82

Months

6

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Bucks Co. Pa.

Occupation

No

Where Residing if not
at place of death

Gion

Married, Single
or Widowed

Widow

Name of ~~Wife or~~
Husband

Thomas J. Gillespie

Father's
Name

James Gifford

Father's
Birthplace

England

Mother's
Maiden Name

Ruth Edmunds.

Mother's
Birthplace

England

Name of person giving
Information

Ella Gillespie

How related
to deceased

Daughter

CAUSES OF DEATH

120

Primary

Bright's disease

How long

4 yrs

Immediate

nephritis

How long

10 days

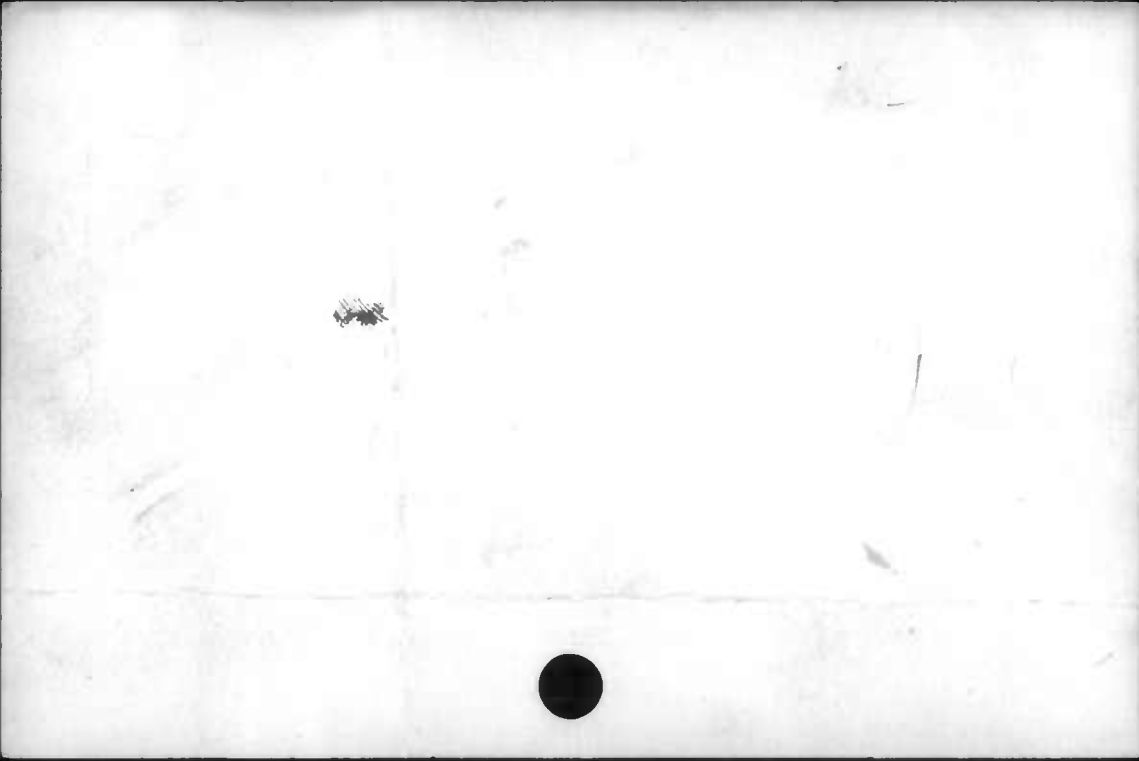
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Yes

D. J. Gillespie
Gion MdPHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Elizabeth Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Springs Town Cecil County

MARYLAND

Date of death 1909 September fourth Age 72 Months 8 Days 3

Sex Female Color or Race White Birth-place Rising Sun

Occupation Retired Where Residing if not at place of death Rock. Springs

Married, Single or Widowed Widow Name of ~~Wife or~~ Husband James S. John Hanna.

Father's Name James Johnston Father's Birthplace Rising Sun

Mother's Maiden Name Sarah Hill Mother's Birthplace Unknown

Name of person giving Information A. M. Hanna. How related to deceased Son

CAUSES OF DEATH

142

Primary Severe Gangrene of Foot. How long 6 mo.

Immediate Exhaustion How long 4 days

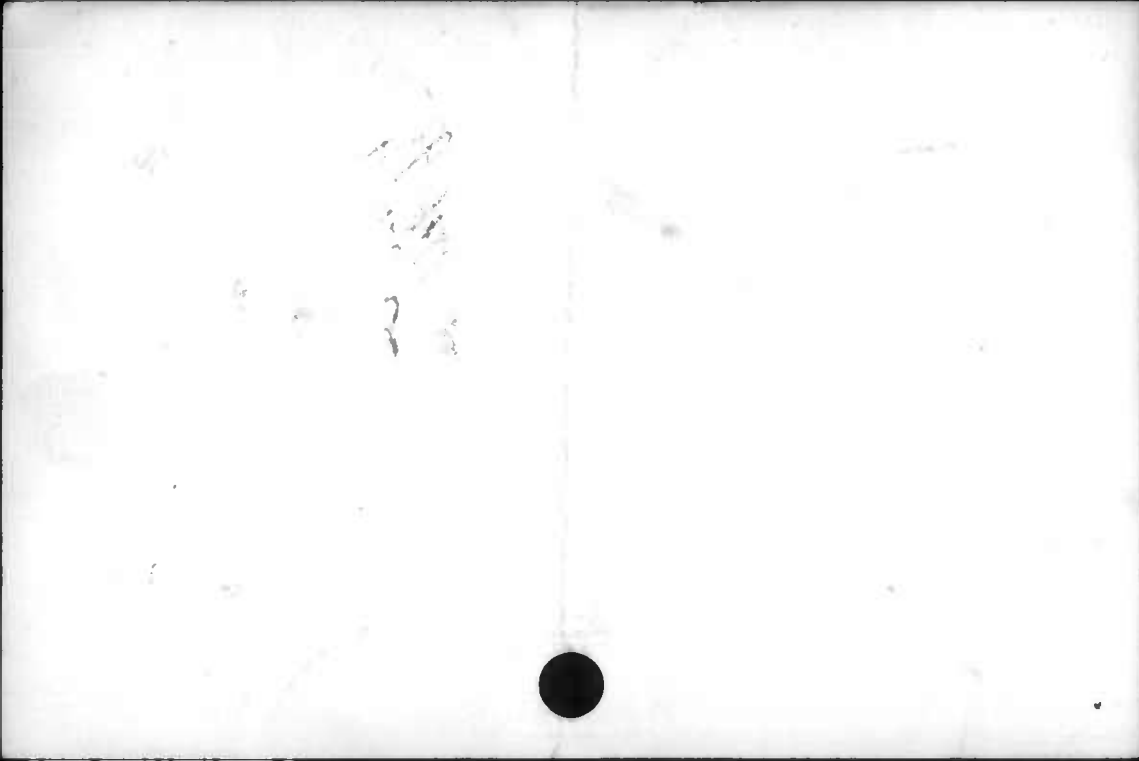
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Ernest Rowland

Address Liberty Grove Md

Accident or Suicide No

PHYSICIAN
OR CORONER



Name
in
Full

Ann Pier Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Leeds		County		Cecil		MARYLAND	
Date of death		1909		Month		Sept		Day	
		17		Age		93		Years	
				Months				Days	
Sex		Female		Color or Race		White		Birth-place	
								England	
Occupation		Catholic		Where Residing if not at place of death					
Married, Single or Widowed		Widow		Name of Wife or Husband		Mr. Information			
Father's Name		John Pier		Father's Birthplace		England			
Mother's Maiden Name		Mary Ramsey		Mother's Birthplace		I			
Name of person giving Information		Mrs. John Howard		How related to deceased		Daughter in law			

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Arterio-sclerosis	How long	1 year
Immediate	Exhaustion	How long	1 wk
Are the name, age, sex, color, data and place correctly given above?		Yes	
Signature of Physician		O. J. Carico M.D.	
Address		Cherry Hill, Md.	
Accident or Suicidal			

25-2



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

of death

Month

Day

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

How long

How long

Signature of
Physician

Address



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John S Keatley</i>		Town <i>North East</i>	County <i>Cecil</i>	MARYLAND	
Died at <i>North East</i>		Month <i>Sept</i>	Day <i>15</i>	Years <i>74</i>	Months <i>—</i>
Date of death <i>1909 Sept 15</i>		Age <i>74</i>		Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil co</i>			
Occupation <i>Labor</i>	Where Residing if not at place of death <i>North East</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sarah Keatley</i>				
Father's Name <i>Joseph Keatley</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Katherine White</i>	Mother's Birthplace <i>Cecil co</i>				
Name of person giving Information <i>William Keatley</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary

Heart Disease

How long

How long

for some years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

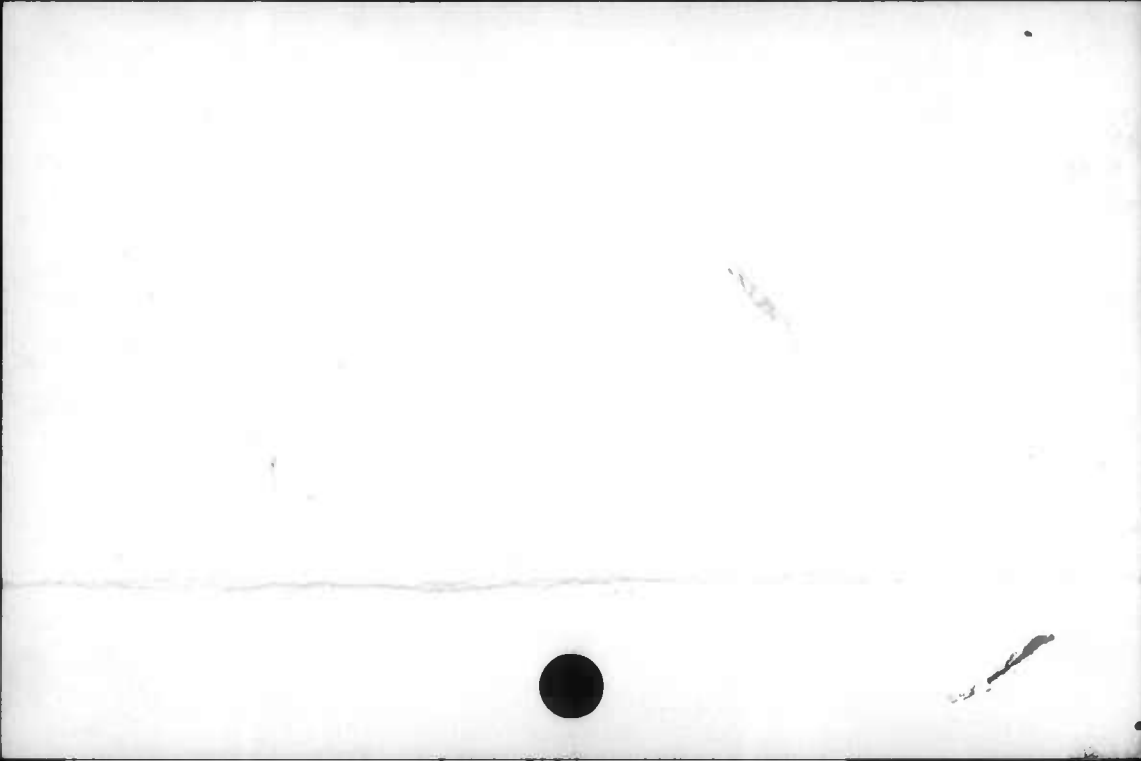
Signature of Physician

Address

*I J Hamrick
North East
Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Emma M. Mann + Cecil

CERTIFICATE OF DEATH

Died at

Elkston

Cecil

MARYLAND

Date

of death 1909 Sept 9

Age

73

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

Housekeeper

Where Residing if not
at place of death

Lewisville, Pa

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Unobtainable

Father's
Name

Not known

Father's
Birthplace

Not known

Mother's
Maiden Name

..

Mother's
Birthplace

..

Name of person giving
information

Hospital record

How related
to deceased

..

CAUSES OF DEATH

Primary

Fracture of neck of femur

Immediate

Exhaustion

How long

1 1/2 mos

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

Winfred A. Morrison
Elkton, Md.

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Injured due to accidental
fall during an attack of vertigo

164

J. H. Karamagh
West Grove
Puma

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date
of death

1909

Month

9

Day

1

Age

Years

60

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pinna

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Huband

Father's
Name

Henry McVey

Father's
Birthplace

Pinna

Mother's
Maiden Name

Elizabeth Rawlings

Mother's
Birthplace

Pinna

Name of person giving
Information

J. Clanner Mason

How related
to deceased

Nephew

CAUSES OF DEATH

164

Primary

Brown Neck

How long

Immediate

Fell from porch

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

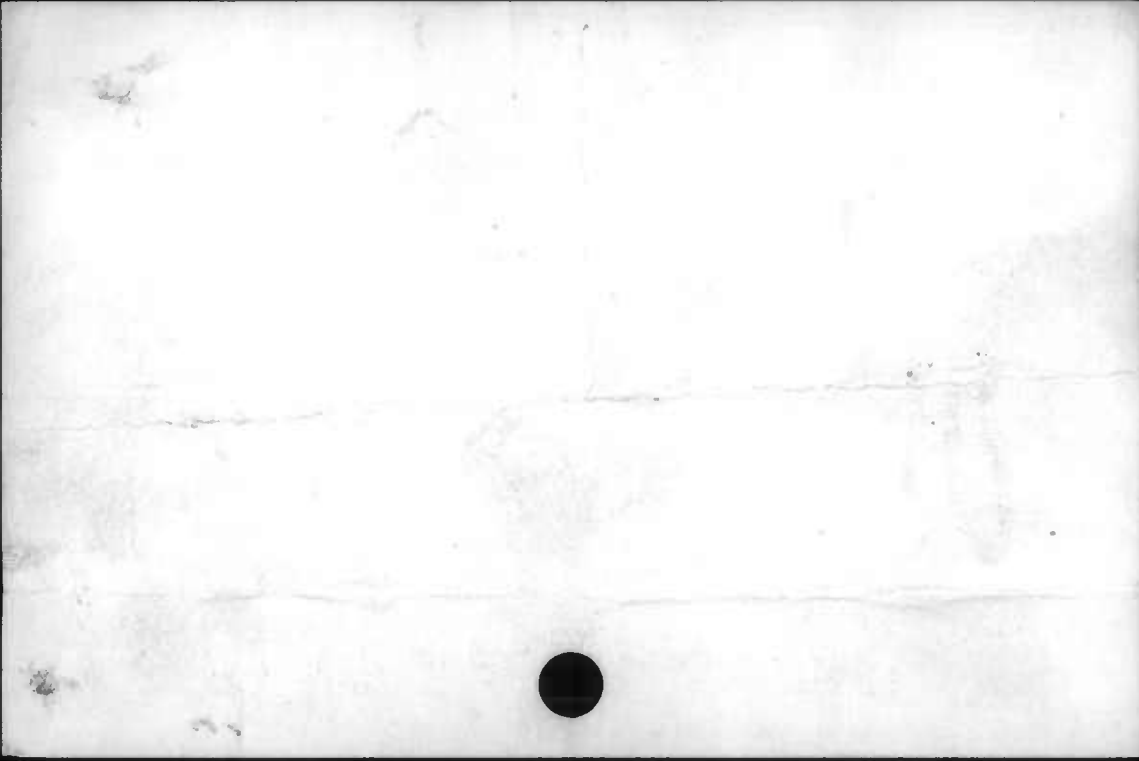
Signature of
Physician

James Frazer Corner
Sixton Md

Accident or Suicide

Accident

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Helen S. Martindale

Town

County

MARYLAND

Died at Lombard

Cecil

Date of death 1909 Sept.

Month

Day

Age

Years

Months

Days

Sex Female

Color or Race White

Birth-place Lombard

Occupation

No

Where Residing if not at place of death

Lombard

Married, Single or Widowed

Single

Name of Wife or Husband

No

Father's Name

Walter C. Martindale

Father's Birthplace

Calvert Md.

Mother's Maiden Name

Elphonsa Kirk

Mother's Birthplace

Blue-Ball Md.

Name of person giving Information

Walter C. Martindale

How related to deceased

Father

CAUSES OF DEATH

Primary

Cholera

How long

105

3 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. H. Richardson

Address

Rising Sun Md.
F.R. 10

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Postscript

Name
in
Full

CERTIFICATE OF DEATH

Mary Ellen Moran.
Port Deposit Cecil Co

MARYLAND

Died at

Date

of death

1907

September Wednesday

Age

Years

Months

Days

24

Sex

Color or
Race

Birth-
place

female

White

Port Deposit.

Occupation

house

Where Residing if not
at place of death

Rh Infirmary.

Married, Single
or Widowed

Name of Wife or
Husband

Hannah Moran
Thomas Moran.

Father's
Name

Thomas Moran.

Father's
Birthplace

Port Deposit.

Mother's
Maiden Name

Hannah Bannan

Mother's
Birthplace

Port Deposit.

Name of person giving
Information

Ella Weir

How related
to deceased

Aunt.

CAUSES OF DEATH

Primary

Leucemia

How long

24 days

Immediate

Exhaustion

How long

about 24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. D. Clummon
Rh Infirmary

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

151

Nov. 24, 1900

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ugern E Oures* +
Town *Park Wepasit* County *Leesit*
Died at *Park Wepasit* MARYLAND
Date of death 1909 *Sept* Month *20* Day Age *4* Years Months Days
Sex *Male* Color or Race *Cadard* Birth-place *Park Wepasit*
Occupation *—* Where Residing If not at place of death *Park Wepasit*

Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *Thomas E Oures* Father's Birthplace *arrondal*
Mother's Maiden Name *Georgie A Thomas* Mother's Birthplace *Arundel*
Name of person giving Information *Georgie A Oures* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Influenza* How long *1 week*
Immediate *Pneumonia* How long *2 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H E Chambers*
Address *Park Wepasit*
Accident or Suicide *—*

PHYSICIAN
OR CORONER

Coker Key

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Perryville* *Cecil* *MARYLAND*
Town County

Date of death 190 *9* *Sept* - *20* Age *—* Months *1* Days *1*

Sex *Female* Color or Race *White* Birth-place *Perryville*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William C Owens*

Father's Birthplace *Ind* *Harrods Grace*

Mother's Maiden Name *Lulla Evans*

Mother's Birthplace *Cecil Co Ind*

Name of person giving Information *Lulla Owens*

How related to deceased *Brother*

CAUSES OF DEATH

Primary *Heart disease*

How long *79* *One day*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. M. Shank
Perryville
MS

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Hylan Pyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Bohemia Manor* Town *Cine* County *Cine* MARYLAND

Date of death 1909 *Sept* *30* Age *16* Months *10* Days *10*

Sex *Male* Color or Race *White* Birth-place *Bohemia Manor*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wm Pyle

Father's Birthplace

Bohemia Manor

Mother's Maiden Name

Emily Sanders

Mother's Birthplace

Kent County

Name of person giving Information

Wm Pyle

How related to deceased

Father

CAUSES OF DEATH

151

Primary

Measles

How long

8 days

Immediate

—

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

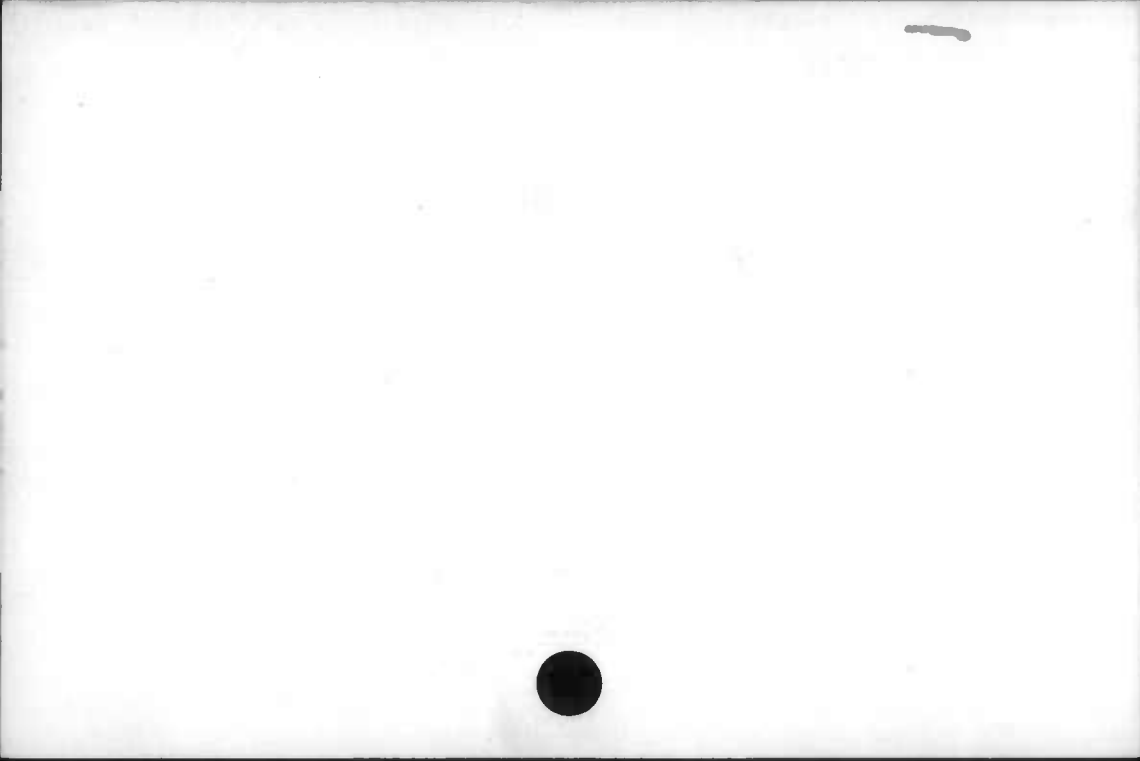
Signature of Physician

Address

J. J. Conner, M.D.
Chesapeake Beach, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Agila P Rose

CERTIFICATE OF DEATH

Died at *North East* Town *Cecil* County

MARYLAND

Date of death *1909* *Sept* *9* *51* *5* *Months* *Days*Sex *Male* Color or Race *White* Birth-place *McKeaner valley*Occupation *Telegrapher* Where Residing if not at place of death *Viola S Rose*Married, Single or Widowed *Married* Name of Wife or Husband *Viola S Rose*Father's Name *Timothy V Rose* Father's Birthplace *Bucks co Pa*Mother's Maiden Name *Margaret Sillingham* Mother's Birthplace *Bucks co Pa*Name of person giving information *Viola S Rose* How related to deceased *Wife*

CAUSES OF DEATH

33

Primary *Tuberculosis of left Lungs* How long *17 yrs*Immediate *Septicemia* How long *3 months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Bay View

Name
in
Full

Sarah A Rutter

County

CERTIFICATE OF DEATH

MARYLAND

Died at Woodlawn

Cecil

Date of death 1909 Sept-11

Age 74

Months

Days

Sex Female

Color or Race white

Birth-place Cecil Co

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband John T Rutter

Father's Name Wilder Harter

Father's Birthplace Cecil Co Md

Mother's Maiden Name Alice R Muller

Mother's Birthplace Cecil Co Md

Name of person giving Information John T Rutter

How related to deceased Husband

CAUSES OF DEATH

79

Primary Cause Hypertrophy
Immadiate Cause Failure

How long

18 mos

How long

4 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. G. Liberty

Jack Green

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Elizabeth Seth
Eck Mills

Town

County

Leecile

MARYLAND

Date
of death

1909 Sept 11

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Leecile, Md

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

John W Seth

Father's
Name

John Marker

Father's
Birthplace

France

Mother's
Maiden Name

Sarah Harding

Mother's
Birthplace

Not Known

Name of person giving
Information

W. M. Seth

How related
to deceased

Son

CAUSES OF DEATH

Primary

Asthemia

How long

about 6 mos.

Immediate

Myocarditis

How long

6 mos.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

O. L. Corrico M.D.

Cherry Hill,
MdPHYSICIAN
OR CORONER

Accident or Suicide

Filed
1909

252

Name
in
Full

Francis Sumner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

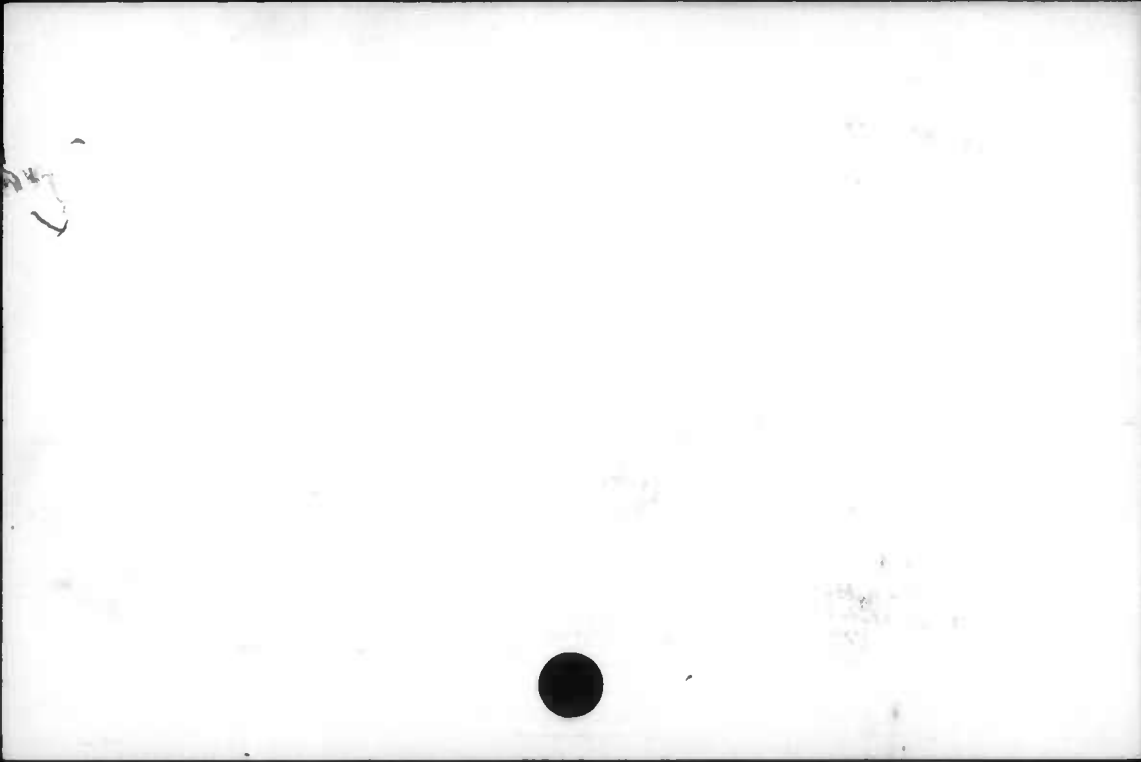
Died at		Town Chesapeake City		County Cecil		MARYLAND	
Date of death	1909	Month	Sept	Day	22	Age	88
Sex	Female		Color or Race	Caucas		Birth-place	Don't know
Occupation	Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband George Sumner				
Father's Name	Don't know		Father's Birthplace		Don't know		
Mother's Maiden Name	Don't know		Mother's Birthplace		Don't know		
Name of person giving Information				George Sumner		How related to deceased	
						Husband	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Metrol Rheumatism		How long	39 years
Immediate	Lapary		How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Chesapeake City		
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

190

9

Sept

24

Age

38

Sex

Female

Color or

Race

White

Birth-

place

North East Ind

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~Wife~~
Husband

George W Stewart

Father's
Name

James T. Spence

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary E. Friday

Mother's
Birthplace

Penn

Name of parson giving
Information

Geo. W Stewart

How related
to deceased

Husband

CAUSES OF DEATH

54

Primary

Permeious Anaemia

How long

6 or 8 mos

Immediate

Exhaustion

How long

One week or so

Are the name, age, sex, color, date
and place correctly given above?

So far

as I know

Signature of
Physician

Address

Howard Brutton

Elkton

Accident or Suicide

No

253



Name
in
Full

Samuel J. Terry Sr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Rising Sun

County Cecil

Date

of death

1909 Sept 21

Age

Years

73

Months

9

Days

12

Sex

male

Color or
Race

white

Birth-
place

Pennsylvania

Occupation

Farmer

Where Residing if not
at place of death

Rising Sun Md

Married, Single
or Widowed

Name of Wife or
Husband

Anna E. Emma Terry

Father's
Name

Upton Terry

Father's
Birthplace

Pennsylvania

Mother's
Maiden Name

Margaret Samble

Mother's
Birthplace

Maryland

Name of person giving
Information

Samuel J. Terry Jr

How related
to deceased

Son

CAUSES OF DEATH

Primary

Myocardial Infarction

How long

15 min

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. B. [Signature]
Rising Sun
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Died at

Elizabeth H Thomas +
Perryville Town Cecil County

MARYLAND

Date
of death

1909 Sept-13

Day

Age

Years

86-

Months

6

Days

Sex

Female

Color or
Race

White-

Birth-
place

Elkton Ind

Occupation

Ret-ary

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Russell Thomas

Father's
Name

Geo E Mitchell

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary Hooper

Mother's
Birthplace

Ind

Name of person giving
Information

Alicia M. Stump

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Heart Disease

How long

79 1/2 yr

How long

Immediate

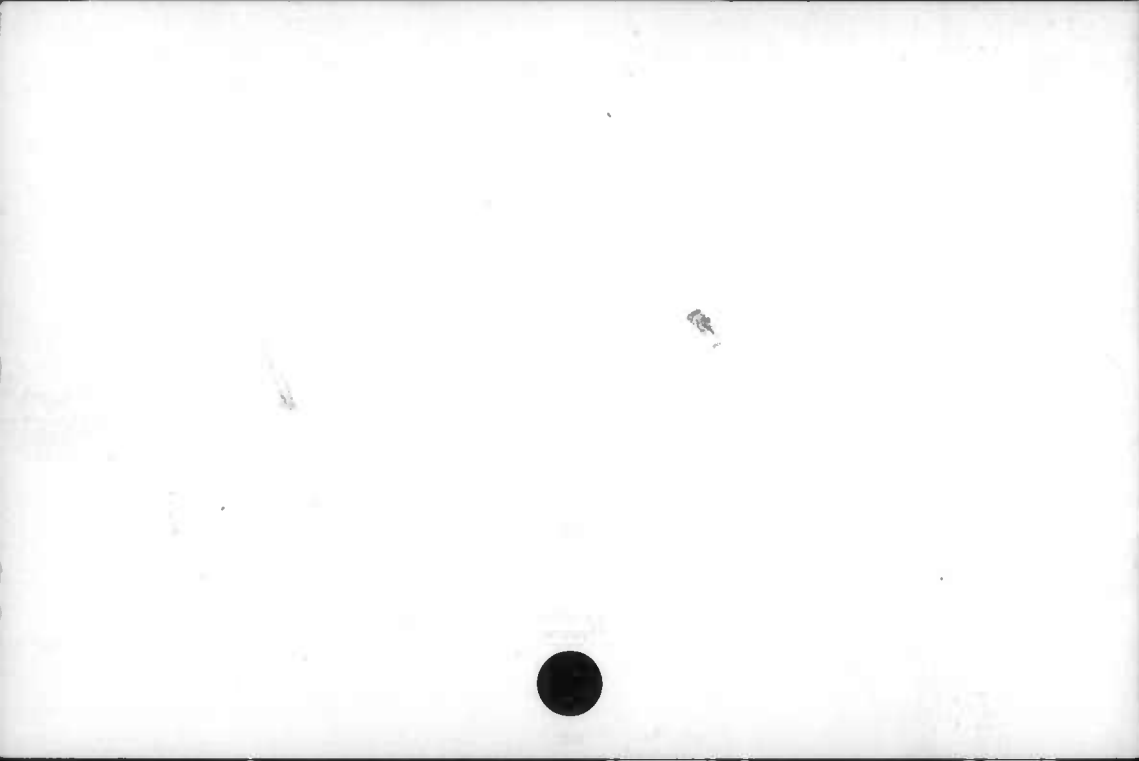
Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Dr. M. Stump
Perryville
Ind-

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Helen Maud Tong

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Cherry Hill

Month

Day

Years

Months

Days

Date

of death

1909 Sept

29

Age

6

8

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

School

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James D. Tong

Father's
Birthplace

Maryland

Mother's
 Maiden Name

Bertha Huthly

Mother's
Birthplace

Maryland

Name of person giving
Information

James D. Tong

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

5 mos

Immediate

Hepatitis & Exhaustion

How long

1 month

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

C. J. Carrico M.D.

Address

Cherry Hill,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

255-

Name
in
FullHattie Washington
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Near Earleville Cecil

Date

of death

190

9

Month

9

Day

17

Years

Age 8

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Cecil Co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Hm Washington

Father's
Birthplace

Cecil Co Md

Mother's
Maiden Name

Virginia Biddle

Mother's
Birthplace

Cecil Co Md

Name of person giving
Information

Hm Washington

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pertussis

How long

6 weeks

Immediate

Catarrhal Pneumonia

How long

week

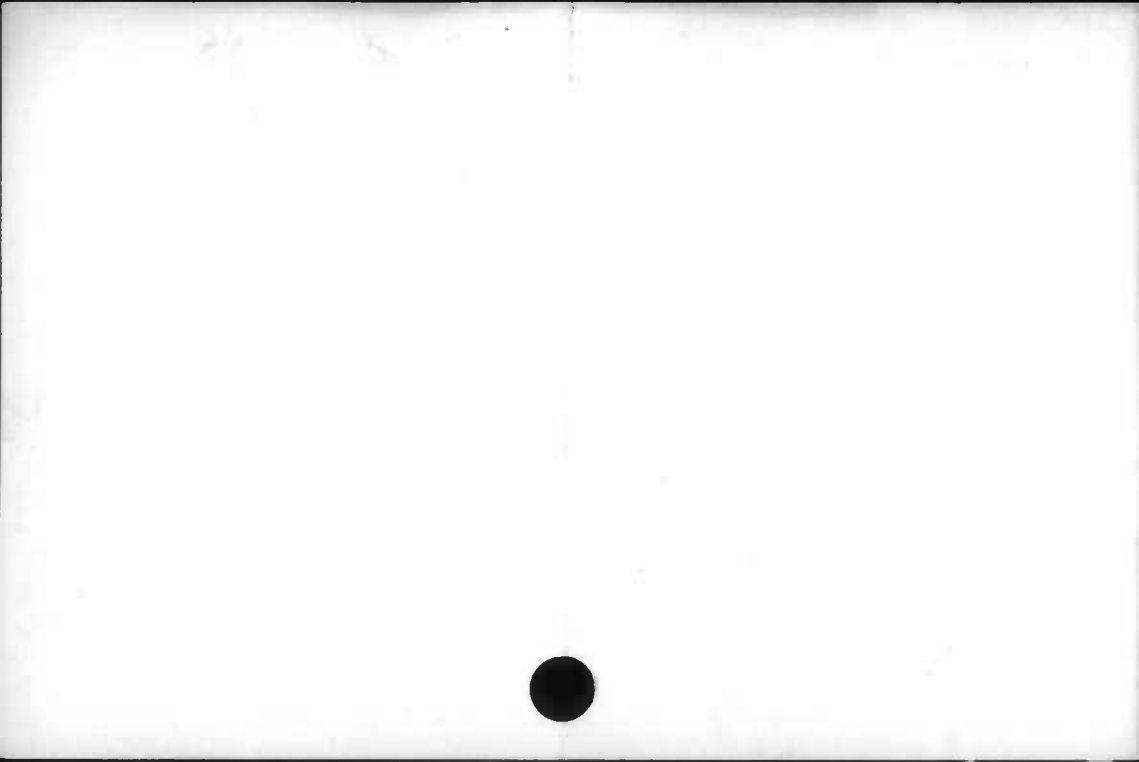
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

E. H. Brantford
Levittown Md

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George William Whitcomb

Town *Town Point* County *Prince* MARYLAND

Died at

Date of death 190 *9* Month *Sept* Day *1* Age *75* Years Months *3* Days *22*

Sex *male* Color or Race *White* Birth-place *England*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah Whitcomb*

Father's Name *William Whitcomb* Father's Birthplace *England*

Mother's Maiden Name *Anne Archibald* Mother's Birthplace *"*

Name of person giving Information *George Whitcomb* How related to deceased *Son*

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary *Cirrhosis of liver* How long *8 months*

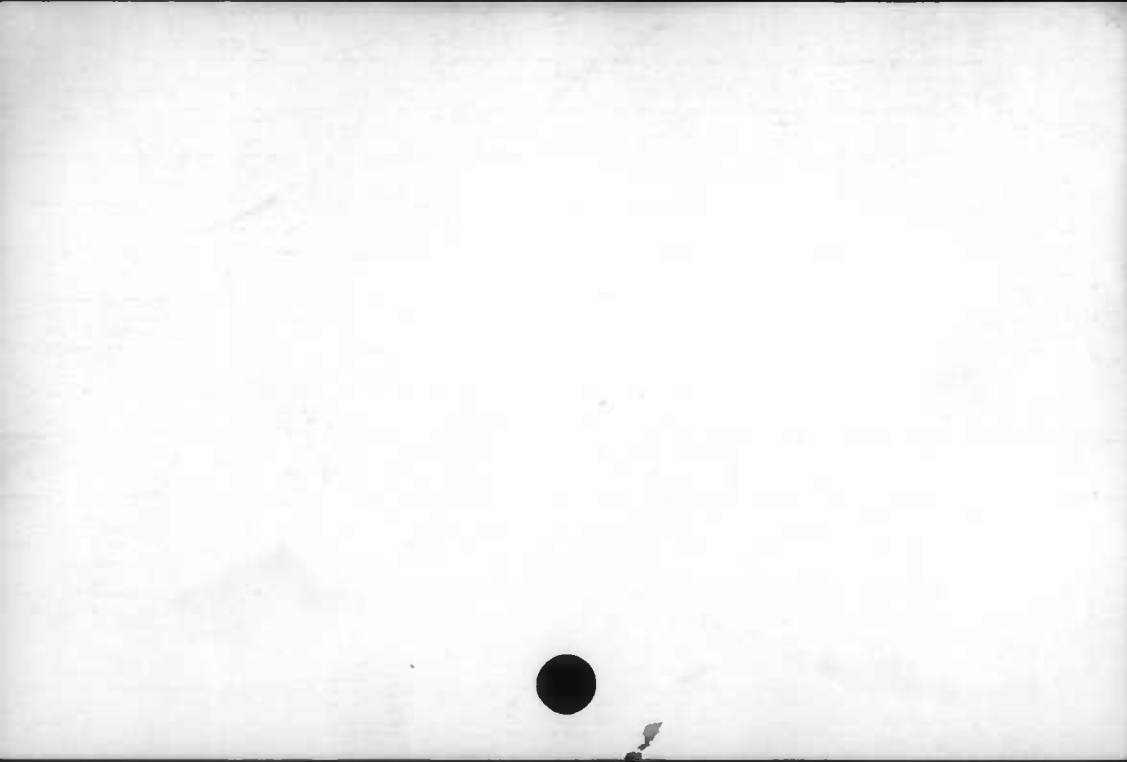
Immediate *Exhaustion* How long *few hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *T. J. Canine M.D.*

Address *Chesapeake City Md*

Accident or Suicide



Name
in
Full

George Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

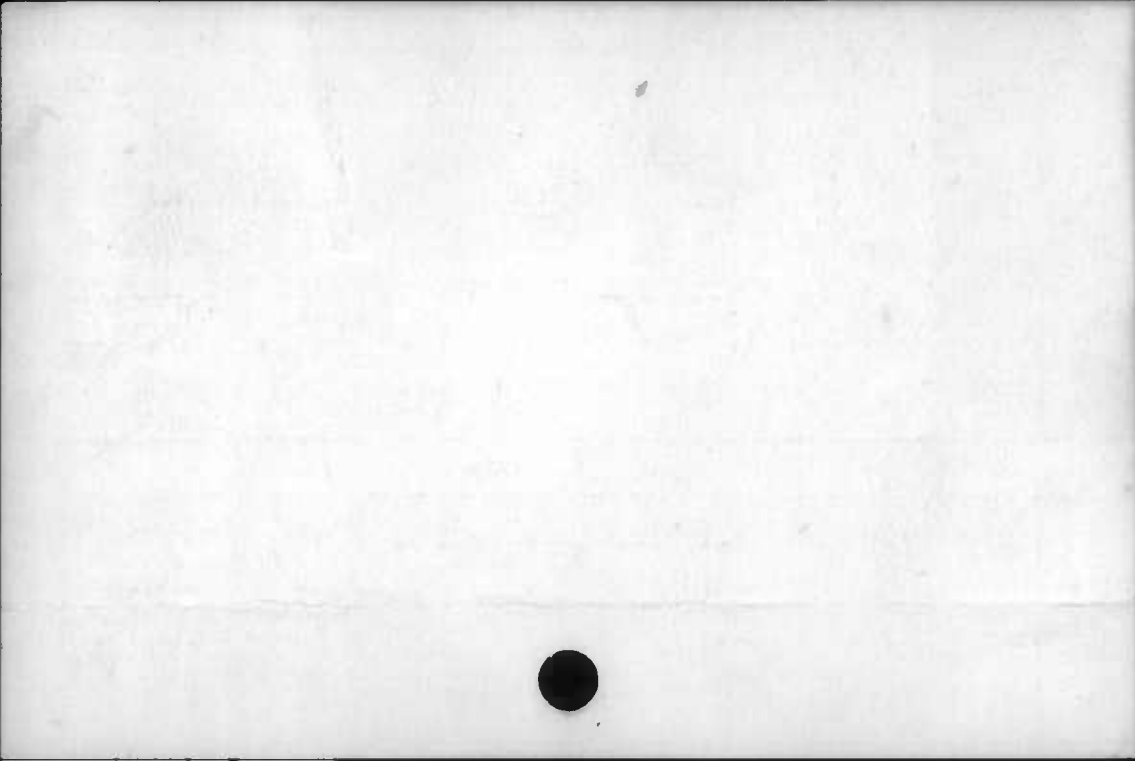
Died at <u>Alms House</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>16</u>	Age <u>75</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Washington</u>		
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	} No information to be had }		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long
Immediate <u>Exhaustion</u>	How long <u>6 Mts.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. T. Morrison</u>
	Address <u>Elkton, Md.</u>
Accident or Suicide?	



Name
in
Full

David George Wilson +

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Port Deposit

County

Cecil

Date

of death

1909 Sept-

Day

30

Age

Years

64

Months

11

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Cecil Co Md

Occupation

R R Agent

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Mary Virginia Wilson

Father's
Name

J B Wilson

Father's
Birthplace

Philadelphia Pa

Mother's
Maiden Name

Sara A Grubb

Mother's
Birthplace

Cecil Co Md

Name of person giving
Information

Estella Wilson

How related
to decaasid

Daughter

CAUSES OF DEATH

Primary

Heart Disease

How long

about
4 months

Immediate

Apoplexy

How long

few minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

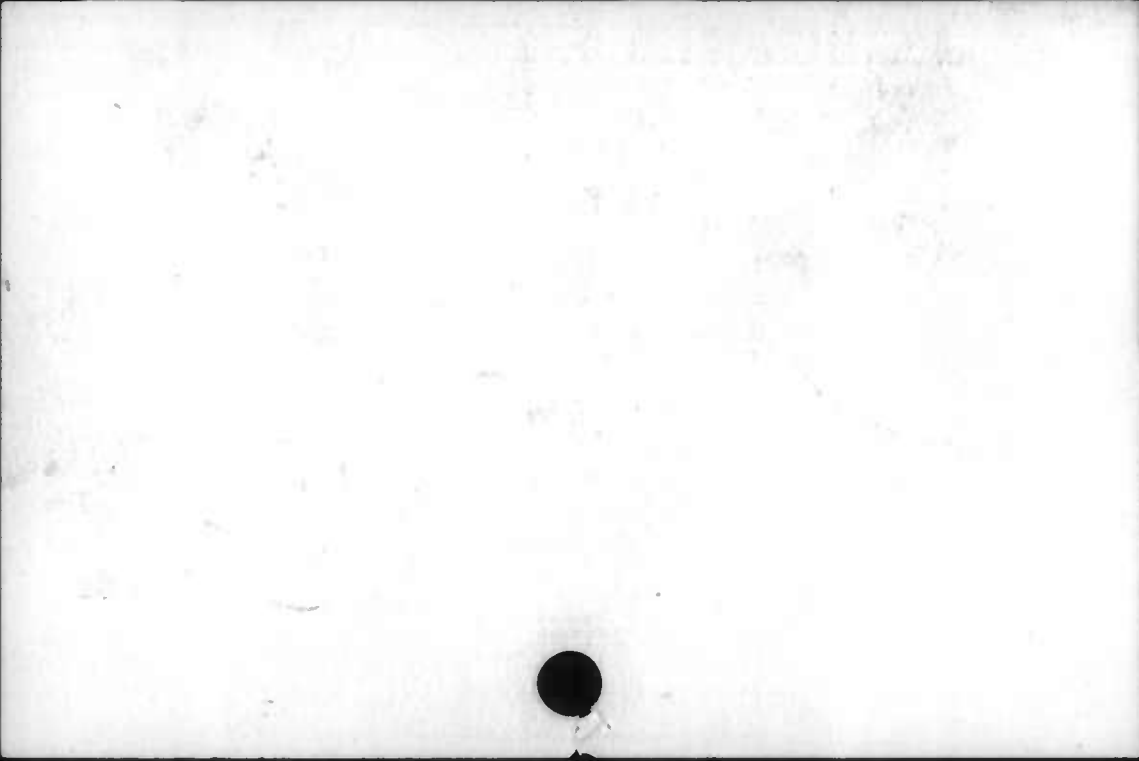
H E Clamon

Address

Port Deposit
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edward Wingate</i>		Town <i>North East</i>		County <i> Cecil</i>		MAYLAND	
Died at <i>North East</i>		Month <i>Sept</i>		Day <i>25</i>		Years <i>64</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>25</i>		Years <i>64</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>North East</i>		Months <i>4</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>North East</i>		Birthplace <i>North East</i>		Days <i>4</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah E. Wingate</i>		Father's Name <i>Jos S. Wingate</i>		Father's Birthplace <i>Cecil Co.</i>	
Mother's Maiden Name <i>Mary A. Little</i>		Name of person giving Information <i>Ed Wingate</i>		Mother's Birthplace <i>Cecil Co.</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

Primery *Heart* 79 *one year*

How long

PHYSICIAN
OR CORONER

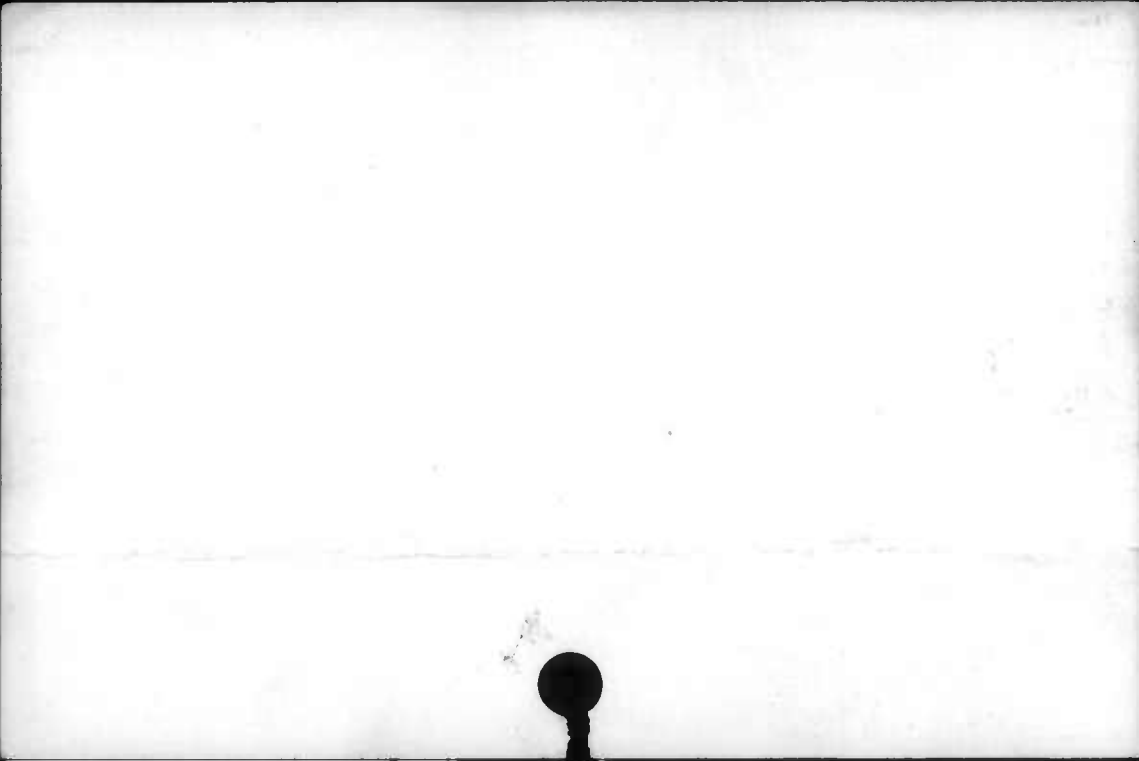
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D. H. Hensley*

Address *N. East*

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Elizabeth J Woodrow* Town *Elkton* County *Cecil*
Died at *Elkton*
Date of death 1909 Month *Sept* Day *20* Age *61* Years Months Days
Sex *male* Color or Race *white* Birth-place *Cecil Co*
Occupation *Home work* Where Residing if not at place of death
Married, Single or Widowed *Widowed* Name of Wife or Husband *Josiah Woodrow*
Father's Name *Jacob Green* Father's Birthplace *unknown*
Mother's Maiden Name *unknown* Mother's Birthplace *unknown*
Name of person giving Information *Rutha Marcus* How related to deceased *Sister*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Cancer of Stomach* How long *one year*
Immediate *Exhaustion* How long *6 weeks*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm D. Barclay*
Address *Elkton Md*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Young* Town *Colona* County *Cecil* MARYLAND

Died at *Colona*

Date of death 190 *9* Month *Sept* Day *4* Age *(24 hours old)* Years Months Days

Sex *male* Color or Race *white* Birth-place *West Nottingham*

Occupation *none* Where Residing if not at place of death *West Nottingham*

Married, Single or Widowed *single* Name of Wife or Husband *None*

Father's Name *John Young* Father's Birthplace *Cecil Co*

Mother's Maiden Name *Mary Seabald* Mother's Birthplace *Cecil Co*

Name of person giving Information *Hatchers* How related to deceased *Father*

CAUSES OF DEATH

150

PHYSICIAN
OR CORNER

Primary *Malformation of heart.*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ernest Rowland

Address

*Liberty Grove**md*

Accident or Suicide

